

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10 765757
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		3	1			
6		4	1			
7		1		4		
8		3		1		
9		0	1			
10		3		1		
11		4				
12		3		1		
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TOTAL IND.	52		4			
TOTAL DEP.		158				
TOTAL CLAIMS	53	20				

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